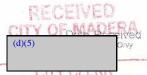
CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT





COVER PAGE

(TF)

1118111 ZUII JAN 20 PM 2: 10 Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) **ARMENTROUT** SAM 1. Office, Agency, or Court Agency Name CITY OF MADERA Division, Board, Department, District, if applicable Your Position COUNCIL MEMBER ▶ If filing for multiple positions, list below or on an attachment. Agency: _ Position: 2. Jurisdiction of Office (Check at least one box) ☐ Judge (Statewide Jurisdiction) ☐ State County of MADERA ☐ Multi-County _ □ City of MADERA ' 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2010, through December 31, Leaving Office: Date Left _____/_ 2010. (Check one) O The period covered is January 1, 2010, through the date of The period covered is _______, through December 31, leaving office. 2010. ○ The period covered is _____/___, through the date Assuming Office: Date ____/___/_ of leaving office. Office sought, if different than Part 1: _ Candidate: Election Year _ 4. Schedule Summary Check applicable schedules or "None." ► Total number of pages including this cover page: Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached -or-None - No reportable interests on any schedule

Signature

herein and in any attached schedules is true and complete. I acknowledge this is a I certify under penalty of perjury under the laws of the State of California that

1-14-11

Date Signed _

SCHEDULE D Income - Gifts

CALIFORNIA FORM FAIR POLITICAL PRACTICES CO	
Name	

▶ NAME OF SOURCE	► NAME OF SOURCE	
DABUCO AIR SHOW PRODUCTIONS		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
21722 EASTMERE LANE FRIANT, CA 93626		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
05 , 12 , 10 s VIP FLIGHT LINE		
sCHALET PASS	\$	
05 , 12 , 10 s 50 VIP PRK PASS		
▶ NAME OF SOURCE	▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
\$		
\$	\$	
\$		
▶ NAME OF SOURCE	► NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	
\$	\$	
\$		
\$	\$	
Comments:		

EXPANDED STATEMENT OF ECONOMIC INTERESTSCommittees / Commissions / Boards

SAM ARMENTROUT

- 1. Madera County Council on Aging
- 2. Madera County Transportation Authority and Commission
- 3. Madera Housing Authority
- 4. Madera Public Financing Authority
- 5. Madera Redevelopment Agency